

Student Name:	DOB:	Grade:
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EMERGENCY CONTACT WHEN UNABLE TO REACH PARENT/GUARDIAN:

Contact name:	Relationship:
Home phone: ()	Work phone: ()
Additional name:	Relationship:
Home phone: ()	Work phone: ()
Daycare provider:	Phone: ()
Medical practitioner:	Phone: ()
Clinic:	Phone: ()
Preferred hospital:	Phone: ()
Dentist:	Phone: ()

OTHER STUDENT INFORMATION:

Is English the primary language spoken in the home? Yes No
Has your child been tested for English Language Learner services? Yes No
Has your child ever received English Language Learner services? Yes No
 If yes, please indicate dates: _____
Is your child currently receiving English Language Learner services? Yes No

Has your child ever received special education services? Yes No
 If yes, please indicate dates: _____
Does your child currently receive special education services? Yes No

Has your child been evaluated for special education services? Yes No

Has your child ever received 504 accommodations? Yes No
 If yes, please indicate dates: _____
Does your child currently receive 504 accommodations? Yes No

Has your child ever received any other special services? Yes No
 If yes, please indicate (service and dates): _____
Does your child currently receive any other special services? Yes No
 If yes, please indicate: _____

Has your child been expelled from another school district or is your child currently involved in any pending expulsion proceeding in another school district? Yes No

STUDENT INFORMATION DISCLOSURE:

Disclosure of Student Directory Data – Family Educational Rights and Privacy Act (FERPA):

Schools are permitted to disclose, without consent, “directory” information such as a student’s name, address, telephone listing data and place of birth, honors and awards, and dates of attendance. Under the Family Educational Rights and Privacy Act, the district is required to give parents/guardians the notice of the opportunity to have their child’s directory data remain confidential if they provide the school administration such a request in writing. Through an annual notice in the Back to School Packet, published in August, the District provides detailed notice of the information designated as directory data and parents’ rights to refuse disclosure of the directory data. Parents have 14 days from receiving the annual notice to refuse the release of directory data information by contacting their child’s principal. *This means that you have control over what information the district can release to third parties if they ask the school for information regarding your child.*

STUDENT RECRUITING INFORMATION – high school level only

The school district is required to provide, upon request by military recruiters or an institution of higher education, access to student directory data (name, address, telephone listing). Under the No Child Left Behind Act of 2001 and the National Defense Authorization Act for Fiscal Year 2002, the district is required to give parents/guardians the notice of the opportunity to have their child’s directory data (student name, student address and telephone listings) protected if they provide the school administration their intentions in writing. Absent parental request to protect this information, military recruiters and higher education institutions may receive this information upon request.

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: _____ Date: _____

DEERFIELD COMMUNITY SCHOOL DISTRICT – HEALTH AND CUSTODY INFORMATION
2011-2012 School Year
Annual update by parents/guardians required.

HEALTH SURVEY/INFORMATION: This information must be updated annually to ensure our records are current.

Student Name:	DOB:	Grade:
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YES (✓)	NO (✓)	
		Severe reaction to insect stings. Cause/Reaction:
		Food allergies. Cause/Reaction:
		Other allergies. Cause/Reaction:
		* Epi-pen at school: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
		Asthma (check one): <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Cause/Reaction:
		* Inhaler at school: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
		Heart condition (describe):
		Vision loss (not corrected by glasses):
		Hearing loss (describe):
		Emotional problems (describe):
		Diabetes (describe):
		Seizures (describe):
		Migraines/Headaches (describe):
		Physical limitations (please list):
		Student is taking medication at home that the school needs to be aware of: List Medication:

*Please list any medications the student will be taking at school: **(NOTE: Students in grades K-12 may not self administer any medication which is a controlled substance (i.e., ADHD medications such as Ritalin, Pain medications, etc.)**

Location of medication: In School Health Office With Student

Please complete with date any new immunization boosters the student has received:

Varicella (chicken pox) _____ Tdap _____ Td _____ Other _____

***Students who require prescription or over the counter medication during school hours must have a current medication consent form completed and signed by their parent/guardian and/or medical practitioner.** This form must be submitted to the office **prior to** medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. **Forms can be found in the student handbook, on the district website, or in the school office.**

Additional Pertinent Medical Information:
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The parent/guardian signature below allows the school to share student health concern information with school staff members, bus drivers and coaches/advisors that may come in contact with the student.

Signature:	Date:
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Complete the section below only if parents/guardians reside in two separate households.

Does Not Apply To My Child (Please sign and date at bottom of page)

JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records, pursuant to sec. 118.125 WI Stats.

Parents with joint legal custody will both receive copies of all official school reports, notices of parent-teacher conferences/staffings and school programs.

NON-RESIDENT CUSTODIAL PARENT/GUARDIAN INFORMATION (parent/guardian living outside of the Deerfield Community School District)

Name of non-resident custodial parent (address and phone are listed on the first page):	
Check all that apply:	
<input type="checkbox"/> Is entitled to school information regarding student.	
<input type="checkbox"/> Has permission to pick up student from school.	
Additional custody information:	

PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT

Parents/guardians please provide the school with copies of court orders related to restrictive custody to support compliance.			
Name of parent with restricted custody:			
Address:		(city):	(state): (zip):
Home phone: ()	Cell phone: ()	Pager #: ()	
Place of employment:	Work phone: ()	Extension:	
There is a court order restricting access to the student or student's record dated _____			
and filed in the following court: _____			
The court has determined this parent to have:			
<input type="checkbox"/> Restrictive custody			
<input type="checkbox"/> Denied periods of physical placement			
Additional custody information:			

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: _____ Date: _____